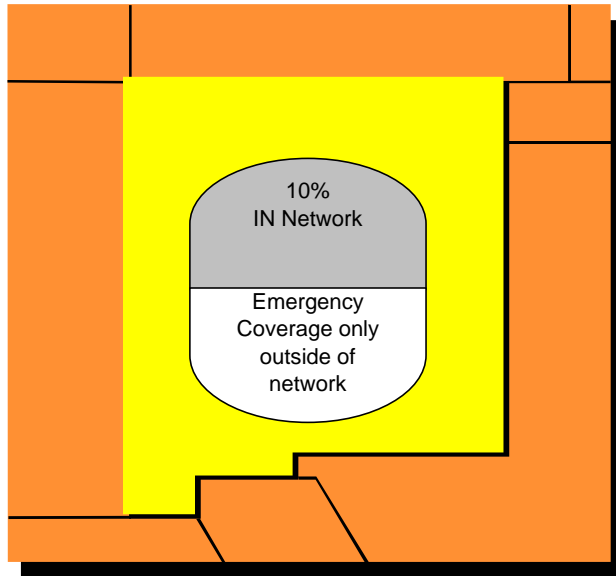


## SELECT EPO

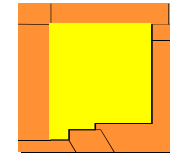
### NEW MEXICO



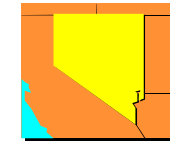
| Member Pays                             | Prescription Drug | Behavioral Health (PBHI)    |
|---|-------------------|-----------------------------|
| Office \$20                             | \$15/30/45 retail | MH - OP \$15                |
| ER \$75                                 | \$30/60/90 mail   | MH - IP no copay            |
| Deductible \$150/\$450                  |                   | SA - OP 20%                 |
| - Applies to Hospital, etc.             |                   | SA - IP \$250 + 20% (rehab) |
| - Copays do not apply toward deductible |                   | SA - IP 20% (detox)         |

### ELIGIBILITY

> LANL ACTIVE OR RETIREES  
 > CALIFORNIA ACTIVE OR RETIREES  
 IF  
 LIVING IN UHC SERVICE AREA OF THE  
 STATES BELOW



*New Mexico*



*Nevada*



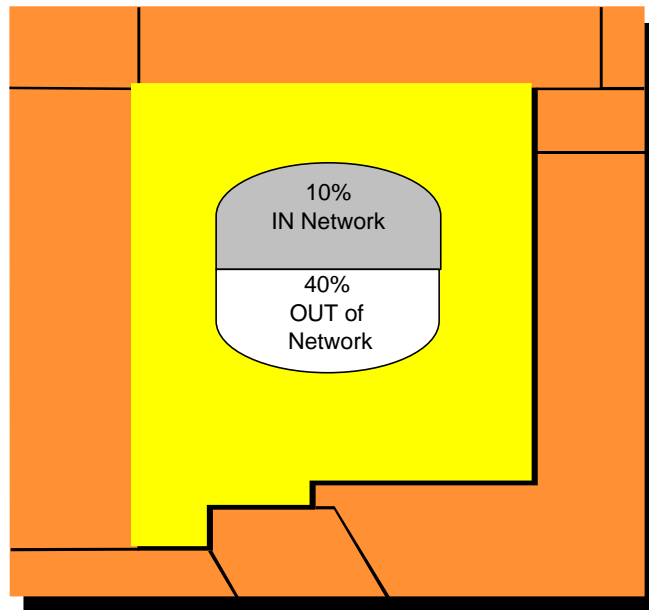
*Washington D.C.  
 (tri-state area)  
 D.C., VA, MD*

### SPECIAL CONSIDERATIONS

Requires PCP Selection

## iPLAN (Consumer Choice Model)

### NEW MEXICO



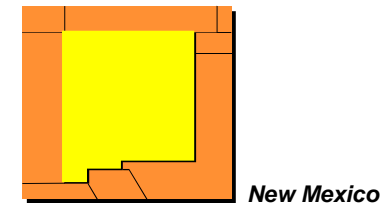
| Key Features   | Prescription Drug | Behavioral Health (PBHI)  |
|--|-------------------|---|
| * PBA: \$750/1125/1500<br>Deductible: \$1500/2250/3000<br>Preventive paid in full (In-network)<br>Expenses payable from PBA only:<br>Smoking Cessation, Weight Loss<br>Program (Physician Recommended)<br>Pharmacy Brand/Generic differences | 20% copay         | MH - OP \$15<br>MH - IP no copay<br>SA - OP 20%<br>SA - IP \$250 + 20% (rehab)<br>SA - IP 20% (detox) |

\* Personal Benefit Account

### ELIGIBILITY

> LANL - ACTIVES ONLY

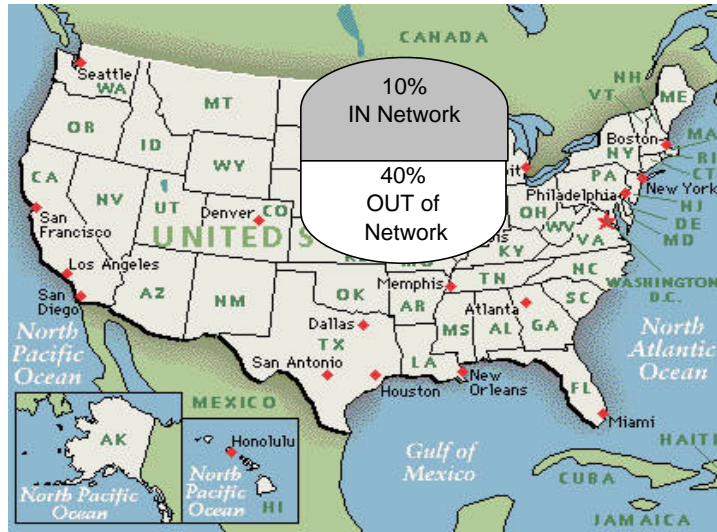
> SHOULD LIVE IN iPLAN SERVICE AREA FOR BEST ACCESS



### SPECIAL CONSIDERATIONS

# OPTIONS PPO NATIONAL

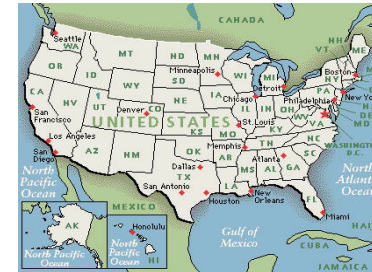
## USA



| In-Network - Member Pays                 |               | Prescription Drug | Behavioral Health (PBHI) |
|--|---------------|-------------------|--------------------------|
| Office                                   | \$20          | \$15/30/45 retail | \$250 Deductible for all |
| ER                                       | \$75          | \$30/60/90 mail   | Inpatient + Outpatient   |
| (OON Hosp. copay                         | \$250)        |                   | then:                    |
| Deductible                               | \$250/\$750   |                   | MH - 10%                 |
| (OON Deductible                          | \$500/\$1500) |                   | \$250 Deductible for all |
| - Applies to Hospital, etc.              |               |                   | Inpatient + Outpatient   |
| - ER after copay                         |               |                   | then:                    |
| - Copays do not apply toward deductibles |               |                   | SA - 20%                 |

## ELIGIBILITY

> ANY LANL ACTIVE OR RETIREE  
IF  
LIVING IN A UHC PPO SERVICE  
AREA OUTSIDE NEW MEXICO

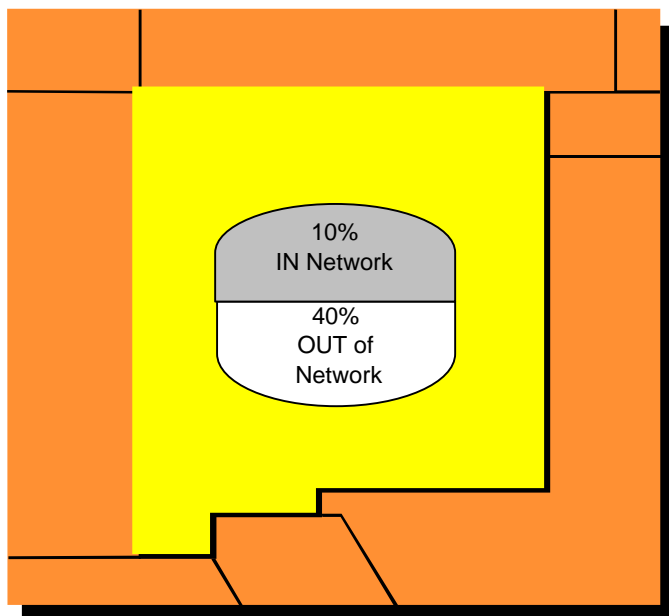


## SPECIAL CONSIDERATIONS

- LANL Actives & Retirees not in the UHC National Service area will receive the Options PPO Out of Area plan benefits
- Medicare eligibles receive the In Network level of benefits

## Options PPO New Mexico

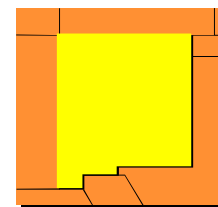
### NEW MEXICO



| In Network - Member Pays  | Prescription Drug                    | Behavioral Health (PBHI)  |
|---|--------------------------------------|---|
| Office \$20<br>ER \$75<br>(OON Hosp. copay \$250)<br>Deductible \$250/\$750<br>(OON Deductible \$500/\$1500)<br>- Applies to Hospital, etc.<br>- ER after copay<br>- Copays do not apply toward deductibles | \$15/30/45 retail<br>\$30/60/90 mail | MH - OP \$15<br>MH - IP no copay<br>SA - OP 20%<br>SA - IP \$250 + 20% (rehab)<br>SA - IP 20% (detox) |

### ELIGIBILITY

> ANY LANL ACTIVE OR RETIREE  
IF  
LIVING ANYWHERE IN UHC's  
NEW MEXICO SERVICE AREA



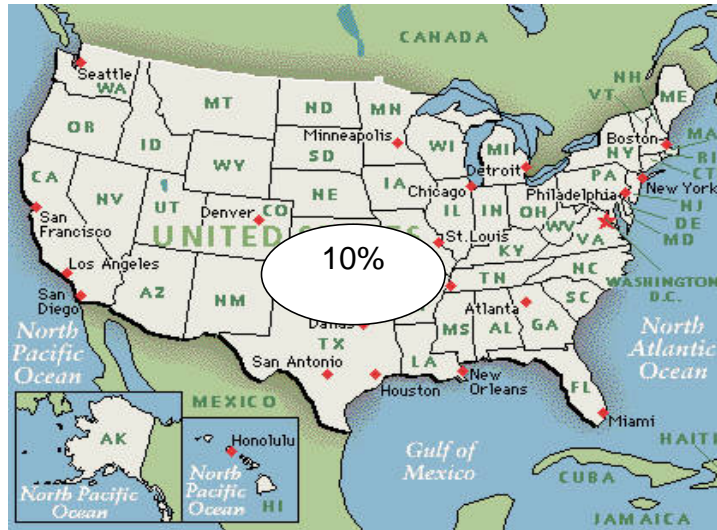
*New Mexico*

### SPECIAL CONSIDERATIONS

- LANL Actives & Retirees not in the UHC NM Service Area will receive the Options PPO Out of Area plan benefits
- Medicare eligibles receive the In Network level of benefits

## OPTIONS PPO OUT OF AREA

### USA + ABROAD

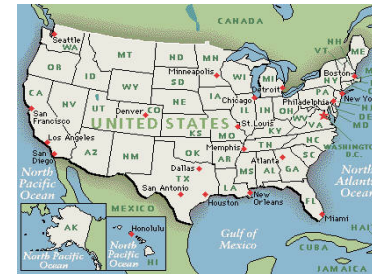


| Member Pays                             |             | Prescription Drug | Behavioral Health (PBHI) |
|---|-------------|-------------------|--------------------------|
| Office                                  | 10%         | \$15/30/45 retail | \$250 Deductible for all |
| ER                                      | \$75        | \$30/60/90 mail   | Inpatient + Outpatient   |
| Hosp. copay                             | \$250       |                   | then:                    |
| Deductible                              | \$250/\$750 |                   | MH - 10%                 |
| - Applies to Hospital after copay.      |             |                   | \$250 Deductible for all |
| - ER after copay                        |             |                   | Inpatient + Outpatient   |
| - Copays do not apply toward deductible |             |                   | then:                    |
|   |             |                   | SA - 20%                 |

### ELIGIBILITY

> ANY LANL ACTIVE OR RETIREE  
IF

LIVING OUTSIDE THE UHC NM OR  
NATIONAL SERVICE AREA  
OR  
LIVING ABROAD



### SPECIAL CONSIDERATIONS